

PIFSC INSPECTION CHECKLIST

The following checklist is a guide. It may be used in its entirety or be modified to the specific user's needs by adding or subtracting items from the checklist. For questions concerning any item, contact the PIFSC SECO.

LABORATORY SAFETY

Name: _____

Date: _____

Location of Inspection: _____

1. Are fume hoods, fire extinguishers, safety showers and eye wash stations operational and inspected periodically?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. Is Personal Protective Equipment (safety glasses, lab coats, cut resistant and/or chemical resistant gloves) available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. Are food and beverages absent from laboratory operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. Are chemical/specimen refrigerators free of food and/or flammable liquids?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
5. Are bench tops clean and unobstructed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
6. Are laboratory doors closed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
7. Are floors, aisles, and exits unobstructed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
8. Are hallways uncluttered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
9. Are containers appropriately labeled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
10. Are quantities of flammable liquids stored within allowable levels?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
11. Are chemicals stored compatibly? If not, is secondary containment provided for liquids?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
12. Are gas cylinders secured and empty and full cylinders segregated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:

13. Are sharps disposed of in an appropriate container?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
14. Are chemical waste containers closed, segregated, and appropriately labeled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
15. Are waste manifests maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
16. Are training records available, current and complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
17. Are MSDSs available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
18. Is the Chemical Hygiene Plan available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
19. Is the chemical inventory available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
20. Are the formaldehyde air sampling results maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: